24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
FP1 Strategies	M M / D D / Y Y Y Y
Mailing Address P.O. Box 16504	05 09 2017 Amount
	Anount
City State Zip Code	12500.00
Alexandria VA 22302	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: 🗶 House District:06
Ossoff, Jon, , ,	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought Disb. 2017	
Full Name of Page	
Full Name of Payee	Date of Public Distribution/Dissemination
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	12500.00
(a) SSS TOTAL OF HOMELEAN HISOPORACINE EXPONITIONS	12300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Funerality was	
(c) TOTAL Independent Expenditures	12500.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Crosby, Caleb, , ,	M / D D / Y Y Y Y Y
[Electronically Filed] Date	05 11 2017
Signature	